SALT LAKE ARTS ACADEMY	**Salt Lake Arts Academy**	Version 1
	Policy Title: Concussion and Head Injury Policy	Effective Date: 2.24.2025

Salt Lake Arts Academy (SLArts) follows the guidelines set forth in R277-614. Athletes and Students with Head Injuries.

The Salt Lake Arts Academy seeks to provide a safe return to activity for all students following any injury, but particularly after a concussion. In order to effectively and consistently manage these injuries, this policy has been developed to aid in ensuring that concussed students are identified, treated and referred appropriately, receive appropriate follow-up medical care during the school day and are fully recovered prior to returning to activity.

This policy outlines procedures for SLArts staff and agents to follow in managing concussions as well as school policy pertaining to "Return to Play" and "Return to SLArts" following a concussion.

SLArts seeks to provide a safe return to activity for all students following any injury, but particularly after a concussion. To provide consistent and effective management, head injury response procedures have been developed to ensure concussed students are identified, treated, referred to appropriate medical care, receive appropriate follow-up medical care during the school day, and are fully recovered prior to returning to activity.

All appropriate SLArts staff and agents shall attend an annual training in which procedures for managing school-related head injuries and sports-related concussions are discussed.

I. RECOGNITION OF CONCUSSION

A. A concussion is a type of traumatic brain injury that interferes with normal brain function and is clinically referred to as a mild Traumatic Brain Injury (TBI).

I. It occurs when the brain is rocked back and forth or twisted inside the skull as a result of a blow to the head or body.

II. What may appear to be only a mild jolt or blow to the head or body can result in a concussion.

III. A concussion can occur even if a student does not lose consciousness from the head injury (see the Suggested Guidelines for Management of Concussion in Sports (2017) from the National Federation of State High School

Associations for more information).

B. Common signs and symptoms of a concussion:

I. Signs (observed by others):

a. Appears dazed or stunned
b. Confusion
c. Forgets plays
d. Unsure about game, score, opponent
e. Moves clumsily (altered coordination)
f. Balance problems
g. Personality change
h. Responds slowly to questions
i. Forgets events prior to hit
j. Forgets events after the hit
k. Loss of consciousness (any duration)
l. Vomiting
m. Repeats questions
n. Forgets class schedule or assignments

II. Symptoms (reported by student):

a. Headache or pressure in the head
b. Balance problems or dizziness
c. Fatigue or feeling tired
d. Does not "feel right"
e. More emotional than usual
f. Irritable or sad
g. Nausea or vomiting
h. Double vision, blurry vision
i. Sensitive to light or noise
j. Feels sluggish
k. Feels "foggy"
l. Problems concentrating
m. Problems remembering

C. These signs and symptoms following a witnessed or suspected blow to the head or body should be considered a probable

concussion.

I. A student with a concussion may have one or many of these signs and symptoms.

II. Any student who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the contest, game, practice, or activity, and

III. Shall not return to play until released by an appropriate health care professional (as defined in Utah Code 26B-4-401(14)).

IV. Parent notification must be made for any and all suspected or witnessed head injuries.

D. Many symptoms may progress or change in the days and weeks following an injury, including:

I. Trouble sleeping

II. Emotional distress

III. Academic difficulty

E. If symptoms persist seek care from a qualified healthcare provider specializing in the evaluation and management of head injuries and concussions.

II. MANAGEMENT AND REFERRAL GUIDELINES FOR ALL STAFF

A. The following situations indicate a medical emergency and ***require activation of the Emergency Medical System (EMS)***:

I. Any student with a witnessed loss of consciousness (LOC) of any duration shall be transported immediately to the nearest emergency department via emergency vehicle.

a. SLArts staff and agents shall remain in contact with 911 and stabilize the student while waiting for EMS to arrive.

II. Any student who has symptoms of a concussion, and who is not stable (i.e., condition is worsening), is to be transported immediately to the emergency department via emergency vehicle.

III. A student who exhibits any of the following symptoms should be transported immediately to the emergency department, via emergency vehicle:

a. Deterioration of neurological function (i.e., pupil changes or responses, muscle weakness, increased difficulty with

response to questions)

b. Decreasing level of consciousness
c. Decrease or irregularity in respirations
d. Any signs or symptoms of associated injuries, spine or skull fracture, or bleeding
e. Mental status changes, including:
    1. Lethargy
    2. Difficulty staying awake/alert
    3. Confusion
    4. Agitation
f. Seizure activity

B. A student who is symptomatic but stable may be transported by their parent.
    I. The parent should be advised to contact the student's health care provider, or seek care at the nearest emergency department, on the day of the injury.
C. Any head injuries reported to SLArts staff and agents should be documented in the student health record and a DHHS Student Injury Report should be created.
    I. Documentation of injury is critical in determining treatment, initiating possible academic accommodations, and mitigating potential legal liability.

III. GUIDELINES AND PROCEDURES FOR THE SUPERVISION OF CONTESTS AND GAMES

A. RECOGNIZING CONCUSSIONS

I. SLArts staff and agents should become familiar with the signs and symptoms of concussion that are described above.
II. SLArts staff and agents shall have appropriate training about recognizing and responding to traumatic head injuries, consistent with the SLArts staff and agents' responsibilities for supervising students and athletes.
III. Training can be found through the CDC Website.

B. REMOVING FROM ACTIVITY

I. Any student or athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (as described above) shall be immediately removed from the activity, and

II. Shall not return to play until released by an appropriate health care provider.

C. REFERRING THE ATHLETE/STUDENT FOR MEDICAL EVALUATION

I. SLArts staff and agents are responsible for notifying the student's parent(s) of the injury.
   a. Contact the parent(s) to inform them of the injury.
      1. Depending on the injury, transport can be provided by either an emergency vehicle or parent(s).
   b. A medical evaluation by an appropriate health care provider is required before returning to play.

II. If a student's parent(s) cannot be reached, and the student can be sent home (rather than directly to a health care provider):
   a. The SLArts staff and agents should ensure that the student will be with a responsible individual capable of monitoring and understanding the home care instructions before allowing the student to go home.
   b. The SLArts staff and agents should continue efforts to reach a parent.

III. If there is any question about the status of the student, or if the student cannot be monitored appropriately, the student should be referred to an Emergency Department for evaluation.
   a. The SLArts staff and agents should accompany the student and remain with the student until a parent arrives.

IV. The SLArts staff and agents shall provide supervision of the other students for whom they are responsible when accompanying the injured student.

V. SLArts staff and agents should seek assistance from the host site's certified athletic trainer (ATC) or team physician (if available) if the injury occurred during an athletic event.

D. RETURN TO SLARTS PROCEDURES AFTER A CONCUSSION

I. Medical and school-based teams should counsel the

student and family about the process of gradually increasing the duration and intensity of academic activities as tolerated, with the goal of increasing participation without significantly exacerbating symptoms.

II. The student, family, health care provider, and school teams should monitor symptoms and academic progress to decide together the modifications that are needed to maintain an academic workload without making symptoms worse.

III. School teams should monitor and adjust educational supports until the student's academic performance has returned to pre-injury levels.

E. RETURN TO PLAY (RTP) PROCEDURES AFTER CONCUSSION

I. Return to activity and play is a medical decision. The student must meet all of the following criteria in order to progress to activity:

a. Asymptomatic at rest and with exertion (including mental exertion in school),

b. Have successfully returned to regular academic activities, and

c. Have written clearance from an appropriate health care provider.

II. Once the above criteria are met, the student will be progressed to full activity while following the stepwise process detailed below.

a. This progression must be closely supervised by SLArts staff and agents.If your school does not have an athletic trainer, then the coach must have a very specific plan to follow as directed by the appropriate health care provider.

III. Progression is individualized and will be determined on a case-by-case basis. Factors that may affect the rate of progression include:

a. Previous history of concussion,

b. Duration and type of symptoms,

c. Age of the student, and

d. Sport/activity in which the student participates.

IV. An athlete/student with a prior history of concussion, one

who has had an extended duration of symptoms, or one who is participating in a collision or contact sport may progress more slowly.

V. An example of a stepwise progression is described below.
   a. The student should spend a minimum of one to two days at each step before advancing to the next unless prescribed differently by the health care provider.
   b. If post-concussion symptoms occur at any step, the student must stop the activity, and the treating health care provider must be contacted.
      1. **Step 1:** Cognitive rest may include staying home from school or limiting school hours (and studying) for a few days; any period longer than this should be under the supervision of a qualified healthcare provider.
         i. Activities requiring extensive concentration and attention immediately after the injury may worsen symptoms and delay recovery.
         ii. Light activity including walks may be encouraged at this level, provided that the activity is tolerated by the student without a significant exacerbation of symptoms.
      2. **Step 2:** Return to school, during which the SLArts staff and agents will follow the health care provider's protocol on return to SLArts.
      3. **Step 3:** Light exercise may begin at this point.
         i. The athlete may engage in brisk walking, riding an exercise bike, or other light exertional activities with supervision.
         ii. The athlete may NOT engage in weightlifting.
      4. **Step 4:** Running in the gym or on the field may be engaged in, but with no helmet or other equipment.
      5. **Step 5:** Non-contact training drills in full equipment or weight training can begin.
      6. **Step 6:** Full contact practice or training may be engaged in.

7. **Step 7:** The student athlete may return to play.
    i. To do so, they must first be cleared by an appropriate health care provider.

VI. Additional Considerations

a. While current Utah law designates that a student may be returned to play by "an appropriate health care provider," it is the prerogative of each SLArts to designate the credentials of the providers from whom they will accept clearance.

b. This is a very important decision and should be made after careful consideration by SLArts staff and agents, and the parent(s).

c. The school district's or charter school's liability carrier may also be consulted.

F. FREE-PLAY CONCUSSION AND HEAD INJURY MANAGEMENT

I. While many head injuries that happen at school are minor, the following steps are necessary when a student has a bump, blow, or jolt to the head or body:

a. Observe the student for signs and symptoms of concussion for a minimum of 30 minutes.

b. Ask people who saw the injury occur about how the injury happened and any concussion signs they observed.

c. Complete the Concussion: Signs & Symptoms Checklist

d. Notify the student's parent(s) that their child had a head injury

II. If the student has concussion signs or symptoms:

a. Tell the parent(s) that the student needs to see a health care provider experienced in concussion management.

b. Give the parent(s) a copy of the completed Concussions: Signs & Symptoms Checklist for the health care provider to review.

c. Ask for written guidance from the student's health care provider about when the student can return to school and physical activity.

III. If the student does not have concussion signs or symptoms:

a. Have the student return to class, but do not allow

the student to return to sports or recreational activities on the same day of the injury.

b. Send a copy of the completed Concussions: Signs & Symptoms Checklist document home with the student for the parent(s) to review.

i. Ask the parent(s) to continue to observe the student for any changes.

c. Tell the parent(s) that if concussion signs or symptoms appear, the student should be seen right away by a health care provider with experience in concussion management.

G. FINAL CONSIDERATIONS

I. A student with a concussion should NEVER return to sports or recreation activities on the same day the student was injured.

II. Remind SLArts staff and agents that the student should not return to class, playground time, or school-based sports activities until the health care provider who is managing their concussion gives permission to do so.